

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2007 8:00 am
Secretary of State

01-30-2007 90011 017 ****61.25

DOCUMENT # N25868

1. Entity Name
BOCA RATON ROUNDTABLE, INC.



Principal Place of Business
P.O. BOX 3326
BOCA RATON, FL 33427-3326

Mailing Address
P.O. BOX 3326
BOCA RATON, FL 33427-3326

40006534



01232007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0045868

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HRAWG CORP
1801 N MILITARY TRAIL
SUITE 200
BOCA RATON, FL 33431

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME EPSTEIN, BARRY *PAUL W. CARMAN*
STREET ADDRESS *11922 WATERWOOD DR. 847 Forsyth Street*
CITY-ST-ZIP BOCA RATON, FL ~~33428~~ *33487*

TITLE VP
NAME BOICE, YVONNE
STREET ADDRESS 6006 SW 18TH ST B-8
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE T
NAME GRAY, RICHARD
STREET ADDRESS *5255 N FEDERAL HWY 2400 Presidential Way*
CITY-ST-ZIP *West Palm Beach, FL 33401*
~~BOCA RATON, FL 33487~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #